

PRIVACY ACT RELEASE FORM

PLEASE PRINT CLEARLY

Mr./Mrs./Ms. Full Name: _____ Nick Name: _____

Address of Residence: _____

City/State/Zip: _____ County _____

Phone #: Home (____) _____ Work (____) _____ Other (____) _____

Email Address: _____

☐ Check here to receive *eBulletin* updates from Congressman John Boehner.

Please send completed forms to: **Congressman John Boehner**

Residents of Butler and Preble Counties:
7969 Cincinnati-Dayton Road
West Chester, Ohio 45069

Residents of Darke, Mercer, Miami and Montgomery Counties:
12 South Plum Street
Troy, Ohio 45373

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code) permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes Rep. John Boehner to make inquiries to the appropriate officials on your behalf.

To begin your inquiry, provide all pertinent information:

Federal Agency Involved: _____

Social Security Number: _____ Date Of Birth: _____

Military ID#: _____ Veteran's Claim #: _____

Military Branch, Rank & Unit: _____

Alien #: A _____ CIS/DOS Receipt #: _____

Immigration – Petitioner's Name: _____

Beneficiary's Name: _____

Other Numbers Identifying your claim: _____

Please briefly describe your situation or the information desired. Use the back of this sheet, or attach a separate page, if necessary. Be sure to provide any necessary documentation.

SIGNATURE: _____ DATE: _____